TOWN OF OSSIPEE
Zoning Enforcement
55 Main Street, PO Box 67
Center Ossipee, NH 03814
Ph: (603) 539-4181 Fax: (603)539-4183

TAX REDUCTION FORM
(Demolition/Raze Permit—No Fee Required)

Permit #: _________________________ Date: ___________________ Map/Lot: ___________

Property Owner(s): ____________________________________________

Mailing Address: ______________________________________________

Telephone: ___________________________ Cell Phone: ________________

Property Physical Location: _____________________________________

Type of Building/Structure: _________________________________

Reason for Removal/Demolition: ________________________________

Disposal of Debris Strategy: _________________________________

Contractor Name: ____________________________________________

Contractor Telephone: ___________________________ Cell Phone: __________________

Permit issued/granted: YES ☐ NO ☐

ZEO Signature: ____________________________________________ Date: __________________